

Company Name \_\_\_\_\_ Month and Year \_\_\_\_\_

Date Pumped	Customer Address	City	Zip	No. of Gallons	Disposal Site	Date Disposed

◆ Licensee Must Sign:

*I certify, to the best of my knowledge, that the above information is true, accurate and complete.*

\_\_\_\_\_  
Signature

◆ License is the company representative who has passed the certification exam.